Substitute for form 1449/PTO	o respond to a collection of information unless it contains a valid OMB control number Complete if Known		
	Application Number		
INFORMATION DISCLOSURE	Filing Date		
	First Named Inventor	Krebs, Robert R.	
STATEMENT BY APPLICANT	Art Unit		
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Sheet 1 of 2	Attorney Docket Number	WIL-41099	

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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